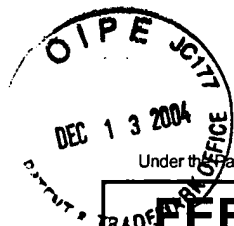


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 577172000800											
In re Application of Steven REYNOLDS et al.													
Application Number 09/996,068		Filed November 27, 2001											
For: SYSTEM AND METHOD FOR PROVIDING AN OMNIMEDIA PACKAGE													
Art Unit 2611		Examiner Jason P. SALCE											
<p>This is a request under the provisions of 37. CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952</p> <p>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 48,040</p> <p>December 13, 2004 Date (703) 760-7769 Telephone Number</p> <p> Signature Jonathan Bockman Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> Total of 1 forms are submitted.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00												
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$												
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$												

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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/996,068
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	November 27, 2001
120.00		First Named Inventor	Steven REYNOLDS
		Examiner Name	Jason P. Salce
		Art Unit	2611
		Attorney Docket No.	577172000800

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	2. EXTRA CLAIM FEES	
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None	Fee Description	Fee (\$)
Deposit Account Number	03-1952	Each claim over 20	50
Deposit Account Name	Morrison & Foerster LLP	Each independent claim over 3	200
The Director is authorized to: (check all that apply)		Multiple dependent claims	360
<input type="checkbox"/> Charge fee(s) indicated below		For Reissues, each claim over 20 and more than in the original patent	100
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		For Reissues, each independent claim more than in the original patent	200
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17			
<input checked="" type="checkbox"/> Credit any overpayments			
To the above-identified deposit account.		Total Claims	Extra Claims
<input type="checkbox"/> Other (please identify):		- 20 or HP =	x
		HP= highest number of total claims paid for, if greater than 20	
		Indep. Claims	Extra Claims
		- 3 or HP =	x
		HP= highest number of independent claims paid for, if greater than 3	
		Multiple Dependent Claims	Fee (\$)
			Fee Paid (\$)
		Subtotal (2) \$	

FEE CALCULATION			
1. BASIC FILING FEE			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee(s) basic (300); exam (300); search (500)	1,000	500	
Design Filing Fee basic (200); exam (130); search (100)	430	215	
Plant Filing Fee basic (200); exam (160); search (300)	660	330	
Reissue Filing Fee basic (300); exam (600); search (500)	1,400	700	
Provisional Filing Fee	200	100	
Subtotal (1) \$			

FEE CALCULATION			
3. OTHER FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	120.00
2-month extension of time	450	225	
3-month extension of time	1,020	510	
4-month extension of time	1,590	795	
5-month extension of time	2,160	1,080	
Information disclosure stmt. Fee	180	180	
37 CFR 1.17(q) processing fee	130	130	
Non-English specification	130	130	
Notice of Appeal	500	250	
Filing a brief in support of appeal	500	250	
Request for oral hearing	1,000	500	
Other:			
Subtotal (3) \$ 120.00			

SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	Telephone	
Name (Print/Type)		Date	
Jonathan Bockman	45,640	(703) 760-7769	December 13, 2004